the mind and expressed the longed-for ambition, or the ideas and beliefs of the subject, may appear as visions. The subjects then are apt to look upon them as inspirations. In this way have arisen the visions of political personages like Joan of Arc, Bismarck, and religious enthusiasts like Luther, Fra Angelico, Catherine of Sienna and others.

(8) Visions, artificially created, may be representations and revivals of the experience of the hypnotic personality, of which experience the waking consciousness has never had knowledge.

(9) Impressions on the sense organs which never entered consciousness (therefore neither known nor remembered) may afterwards appear as visions. JELLIFFE.

PATHOLOGY AND CLINICAL NEUROLOGY.

114. PRIMARY DIFFUSE SARCOMATOSIS OF THE PIA MATER. Frey Svenson (Nordiskt Medicnskt Arkiv., 1897, No. 6; Progrès médical, April 9, 1898).

A patient of fifteen years died after having had symptoms of brain tumor for six years, when the autopsy revealed a diffuse sarcomatosis of the base of the brain, extending to the upper cervical region of the cord, but entirely confined to the soft membranes. There were also lobes of the growth found on the inferior surface of the cerebellum, in the right lateral ventricle, and in the temporo-occipital fissure. The growth, or growths, were supposed to originate in the endothelium of the subarachnoid space. The author was able to find in the literature fifteen cases of diffuse neoplasm limited to the leptomeninges of the central nervous system. PATRICK.

115 PARASITISME DES CENTRES NERVEUX PAR MYCOSE (Mycotic Infection of the Nervous Centers) J. Roux & J. Paviot (La Presse Médicale, 23 Fevrier, 1898, p. 102).

The patient, forty-one years of age, was admitted to the hospital suffering from paresis of the lower extremities and other nervous disorders. She was married, had had one miscarriage and one child which died in early infancy. There was no neuropathic heredity, and, aside from excessive indulgence in alcohol, no history of previous disease. Fifteen days before admission to the hospital the patient caught cold during menstruation, and felt very much fatigued. The following day she had a slight attack of sore throat, and noticed abnormal sensation in the lower limbs, that is, tingling and stabbing pains. She was so weak that it was almost impossible for her to remain standing. Her condition continued to grow worse, and she applied for admission to the hospital. Her condition was as follows: Great weakness of the lower limbs; locomotion, however, was possible, but the patient walked with a staggering gait; the station was poor, the pătient falling if not supported; there was no inco-ordination; the reflexes were lost; tactile sense was disturbed, the patient responding very slowly and localizing very poorly; the sphincters were intact. Two days later the patient was unable to stand, but could still move the limbs, while in bed. Sensation was almost completely abolished, particularly in the feet and legs, and the subjective pains and tingling were still present. There was no muscular atrophy, no fever, no disturbance of the heart or respiration, and the urine was normal. Three days later the paralysis had continued to ascend, and had involved the sphincters. The general condition, however, remained excellent. The following day the arms were completely paralyzed, and one day later, on the twenty-second day of the disease, the patient developed tranquil delirium and some hallucinations. She complained particularly of a sense of anguish if she looked at any clear space of considerable size in her neighborhood, having a kind of phobia for empty space. Up to this time the heart had remained normal. The following day, bulbar symptoms appeared, and there was tachycardia, and on the twenty-fourth day the patient died. The most important changes in the central nervous system were: first, the marked increase in the consistency of the brain and medulla. The dura mater of the cord was covered by a multitude of little glistening tumors containing a clear substance. The surface of the cord was irregular and nodular, as if constricted by the pia mater, which formed a number of irregular rings about it, with projection of the substance between them. The microscopical examination gave some extraordinary results. In the pia mater, penetrating into the fissures of the cord, were found a number of micro-organisms of very unequal length, varying in size from that of the tubercle bacillus to long filaments following all the flexions of the pia mater. The latter were formed by chains of individuals placed end to end with a clear space between. Branches were not observed, nor were the ends swollen. These filaments were found in the lumbar region in the substance of the spinal cord, particularly surrounding the blood vessels. Similar, but fewer, bodies were found in the medulla and in the cerebellum. In the brain itself the results were doubtful; a number of small granules staining deeply by methylene blue, but not by Gram, were found around the blood vessels. In no part of the central nervous system was there any trace of inflammatory reaction or accumulation of round cells. Cultures and inoculations were unfortunately not made; but the authors are convinced that the parasite belongs to the group of streptothriceæ. The symptoms presented by the patient resembled very closely those of Landry's ascending paralysis, and in the absence of inflammatory reaction, they assume that they were produced by the parasite in consequence of its mechanical inhibition of nervous action. The mode of entrance was probably by penetration of the mucous membrane during the attack of sore-throat. SAILER.

116. DER MORBUS BASEDOWII (Basedow's Disease). Schwerdt (Münchener Medicin.Wochenschrift, 1898, Nos. 42, 43 and 44, p. 1334 *et seq.*).

As the author himself admits, the title of his article is somewhat misleading, since its aim is to show that Basedow's disease, myxedema and sclerodema all have their starting-point in the condition, enteroplosis. This last he defines as a constitutional disease—which could be more correctly called "general atony"—whose most prominent symptom is a ptosis of the abdominal viscera. The disease depends upon an irritable weakness of the nervous system, congenital or acquired, bearing a close relationship to neurasthenia.

The alteration in intra-abdominal pressure, through weakness of the muscles of the abdominal walls, and the atony of the stomach and intestinal musculature, tend to cause a stasis in the flow of blood and lymph, digestive disturbances, abnormal fermentations, and autointoxication. There is gradually more and more disturbance of the circulation in the abdominal lymphatics, the valves of the thoracic duct finally become insufficient, and the chyle tends to pass into the external lymphatics and to mix with the body lymph, hence the tendency to lymph accumulation at certain points, and the production of local-